

Electronic Funds Transfer (EFT) Payment Enrollment Form

This form is used for Automated ClearingHouse (ACH) payments with an addendum record that contains payment-related information processed through the Department of Transportation's Automated Payment System. Recipients of these payments should bring this information to the attention of their financial institution when presenting this form for completion.

PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act of 1974. The information is collected under authority of SAM section 482.1, Govt. Code Sec 11701 (f) & 31 CFR 210. All information collected on this form will be used by the State Controller's Office to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payment through the Automated Clearing House System.

ACCOUNT VALIDATION

For the purpose of EFT payments, Vendors are requested to ensure the account specified on this enrollment form remains active until receipt of the last anticipated EFT payment into the referenced account. This assurance will assist in the guarantee of prompt payment. **Please note:** If any vendor's account is deemed "invalid" at any time during the EFT process, that specific vendor will be contacted and a new updated and completed enrollment form will be required.

- **Vendors complete sections I and II.**
- **Financial Institutions complete section III.**
- **Caltrans completes section IV.**

SECTION I

Please check appropriate box (es):

- ☐ New EFT Account
- ☐ Change in Bank Account
- ☐ Change in EFT Contact Person or Phone Number
- ☐ Delete EFT Account

SECTION II

PAYEE / COMPANY INFORMATION – (TO BE COMPLETED BY PAYEE)	
COMPANY NAME:	FEIN#:
ADDRESS:	
	COUNTY AGENCY <input type="checkbox"/> YES <input type="checkbox"/> NO
E-MAIL ADDRESS (IF APPLICABLE):	
CONTACT PERSON NAME:	TELEPHONE #:
SIGNATURE OF AUTHORIZED CONTACT PERSON:	

SECTION III

FINANCIAL INSTITUTION INFORMATION – (TO BE COMPLETED BY FINANCIAL INSTITUTION)	
FINANCIAL INSTITUTION NAME:	
ADDRESS:	
ACH COORDINATOR NAME:	TELEPHONE #:
NINE DIGIT ROUTING TRANSIT NUMBER: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
DEPOSITOR ACCOUNT NUMBER (NOT TO EXCEED 17 DIGITS): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

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TYPE OF ACCOUNT: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
SIGNATURE OF AUTHORIZED BANKING OFFICIAL:	
PRINT NAME:	TELEPHONE #:
TITLE OF OFFICIAL:	

SECTION IV

AGENCY INFORMATION - (TO BE COMPLETED BY THE DEPARTMENT OF TRANSPORTATION)		
STATE AGENCY: Department of Transportation	VENDOR #: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	
ADDRESS: Division of Accounting – MS#33		
P.O. Box 168043		
Sacramento, CA 95816 - 8043		
CONTACT PERSON NAME: Gayle Smith	TELEPHONE #: (916) 227 - 8951	FAX #:

Instructions for Completing EFT Enrollment Form

- Desired Activity** - Payee checks the box indicating the desired action, e.g. add, modify, delete.
- Payee / Company Information Section** – Payee prints or types the name of the payee / company and address that will receive ACH vendor / miscellaneous payments, Federal Employer ID (FEIN) or Social Security Number (SSN), designated contact person and assigned telephone number.
- Financial Institution Information Section** – Financial institution prints or types the name and address of the payee / company's financial institution who will receive the ACH payment, ACH coordinator name and telephone number, nine-digit routing transit number, depositor (payee/company) account title and account number. The financial institution checks the appropriate box indicating the type of account to be used, e.g. checking or savings, enters the title and telephone number of the appropriate financial institution official, and signs the form as the authorized banking official.

Footnote – Financial Institution Information Section – A voided check or savings deposit slip must be attached to the completed authorization agreement (enrollment form). Your voided document will aid in verifying bank account and routing transit numbers. An example of a voided check, shown below, indicates where to locate the routing transit number for your bank and your bank account number. Remember to mark the word "void" across the front of your check or savings deposit slip that you return with this authorization agreement.

ABC BUSINESS 1234 Boomtown Anytown, CA	1044		
Pay to the Order of _____ \$	_____20_____	(1)	Routing Transit Number (Required 9 digits)
_____ DOLLARS		(2)	Bank Account Number (Not to exceed 17 digits)
Anywhere Bank U.S.A. Memo _____	_____	(3)	Check Number
<div style="font-size: 2em; opacity: 0.5; transform: rotate(-15deg); display: inline-block;">VOID</div>			
(1) 1:133404567 (2) 1:1234561304 111 (3) 1044			

- Agency Information Section** – State agency prints or types the name and address of the specific program that is originating the vendor / miscellaneous payment, the assigned vendor number and suffix, the designated contact person name, assigned telephone number and fax number.